



BOARD OF HEALTH
100 MAPLE AVENUE
SHREWSBURY, MASSACHUSETTS 01545

**APPLICATION FOR A PERMIT TO ABANDON AN EXISTING
ON-SITE SEWAGE DISPOSAL SYSTEM**

Location: _____

Owner: _____

Drain layer: _____

Describe the existing system: _____

The undersigned agrees to abandon the on-site sewage disposal system at the above named address in accordance with the provisions of Title 5 and to contact the Health Department at 841-8512 for an inspection before covering the work.

Signed: _____ Date: _____

Application Approved by: _____